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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                        |                     |
|------------------------|---------------------|
| Attorney Docket Number | RGS-00-001          |
| First Named Inventor   | SINCLAIR, Sebastian |
| COMPLETE IF KNOWN      |                     |
| Application Number     | /                   |
| Filing Date            | February 6, 2001    |
| Group Art Unit         |                     |
| Examiner Name          |                     |

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Monetary Behavior Detection in a Networked Environment  
Method and Apparatus**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed   | Certified Copy Attached? YES   | Certified Copy Attached? NO  |
|-------------------------------------|---------|----------------------------------|--|--|--|
|                                     |         |                                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

[Page 1 of 2]

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PTO/SB/02A (11-00)

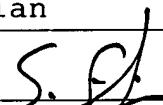
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

|   |   |   |                        |
|---|---|---|------------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |                        |
| Sebastian   |   | Sinclair  |                        |
| Inventor's Signature                              |  |   | Date <u>1/16/2001</u>  |
| Residence: City <u>Limerick</u>                   | State <u>ME</u>   | Country <u>USA</u>  | Citizenship <u>USA</u> |
| <b>Mailing Address</b>                            |   |   |                        |
| Mailing Address <u>P.O. Box 288</u>               |   |   |                        |
| City <u>Newfield</u>                              | State <u>ME</u>   | ZIP <u>04056</u>  | Country <u>USA</u>     |
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |                        |
|   |   |   |                        |
| Inventor's Signature                              |   |   | Date                   |
| Residence: City                                   | State   | Country   | Citizenship            |
| <b>Mailing Address</b>                            |   |   |                        |
| <b>Mailing Address</b>                            |   |   |                        |
| City  | State   | ZIP   | Country                |
| <b>Name of Additional Joint Inventor, if any:</b> |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle [if any])            |   | Family Name or Surname  |                        |
|   |   |   |                        |
| Inventor's Signature                              |   |   | Date                   |
| Residence: City                                   | State   | Country   | Citizenship            |
| <b>Mailing Address</b>                            |   |   |                        |
| <b>Mailing Address</b>                            |   |   |                        |
| City  | State   | ZIP   | Country                |

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                     |
|------------------------|---------------------|
| Application Number     |                     |
| Filing Date            | February 6, 2001    |
| First Named Inventor   | SINCLAIR, Sebastian |
| Group Art Unit         |                     |
| Examiner Name          |                     |
| Attorney Docket Number | RGS00-001           |

I hereby appoint:

Practitioners at Customer Number

Place Customer  
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OR

Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| Michael A. Kerr | 42,722              |
| Victor J. Gallo | 41,768              |
|                 |                     |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| Address   |       |     |
| City  | State | Zip |
| Country   |       |     |
| Telephone   | Fax   |     |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

|           |                           |
|-----------|---------------------------|
| Name      | Walton Lamar Moore        |
| Signature | <i>Walton Lamar Moore</i> |
| Date      | 12/30/2000                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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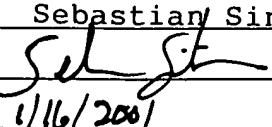
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| Address  |       |     |  |
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| Telephone  | Fax   |     |  |

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Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |   |
|-----------|---|
| Name      | Sebastian Sinclair  |
| Signature |  |
| Date      | 1/16/2001   |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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|--|---|---|-----------------|
| Name of Additional Joint Inventor, if any: |   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle [if any])     |   | Family Name or Surname  |                 |
| Walton Lamar                               |   | Moore   |                 |
| Inventor's Signature                       | Walton Lamar Moore  |   | Date 12/30/2000 |
| Residence: City                            | NorthHampton  | State   | MA              |
| Country                                    | USA   | Citizenship   | USA             |
| Mailing Address                            | 30 Hampton Avenue   |   |                 |
| Mailing Address                            |   |   |                 |
| City                                       | NorthHampton  | State   | MA              |
| ZIP  | 01060   | Country   | USA             |
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor |   |                 |
| Given Name (first and middle [if any])     |   | Family Name or Surname  |                 |
|  |   |   |                 |
| Inventor's Signature                       |   |   | Date            |
| Residence: City                            | State   | Country   | Citizenship     |
| Mailing Address                            |   |   |                 |
| Mailing Address                            |   |   |                 |
| City                                       | State   | ZIP   | Country         |
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| Given Name (first and middle [if any])     |   | Family Name or Surname  |                 |
|  |   |   |                 |
| Inventor's Signature                       |   |   | Date            |
| Residence: City                            | State   | Country   | Citizenship     |
| Mailing Address                            |   |   |                 |
| Mailing Address                            |   |   |                 |
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